



Your business
is our business.

REDACTED – FOR PUBLIC INSPECTION

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

July 1, 2014

Via Hand Delivery

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Peoples Rural Telephone Coop. Corp., Inc.
Study Area Code 260415**

Dear Ms. Dortch:

On behalf of Peoples Rural Telephone Coop. Corp., Inc. (“Peoples”), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission’s rules.¹ Peoples seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC’s Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan.³

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.202(a).



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Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of Peoples Rural Telephone Coop. Corp., Inc.
Study Area Code 260415
Request for Confidentiality**

Dear Ms. Dortch:

John Staurulakis, Inc. (“JSI”), on behalf of its client Peoples Rural Telephone Coop. Corp., Inc. (the “Company”) hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission’s rules,¹ withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).²

1. The information for which the Company is seeking confidential treatment is an attachment to the Company’s annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission’s rules (“Report”).³
2. Rate-of-Return Eligible Telecommunications Carriers (“ETCs”) must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan (“Five-Year Plan”) which is contained in the attachment to the 2014 Report.⁴
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company’s Five-Year Plan provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

⁴ See *In the Matter of Connect America Fund*, WC Docket No. 10-90, Order DA 14-591 (rel. May 1, 2014).

4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company's network.

In its *March 5, 2013 Order*, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories."⁵ Accordingly, because the Company is a rate-of-return carrier, it must file a five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has

⁵ See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) ("*March 5, 2013 Order*") at para 9 citing Section 54.202(a) (1) (ii).


been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.

7. Any previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

A handwritten signature in black ink, appearing to read "John Kuykendall". The signature is fluid and cursive, with the first name "John" and last name "Kuykendall" clearly distinguishable.

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

REDACTED FOR PUBLIC INSPECTION

 FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	260415
<015> Study Area Name	PEOPLES RURAL COOP
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Michael Stidham
<035> Contact Telephone Number: Number of the person identified in data line <030>	6062875461 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	michael.stidham@prtc.org

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">260415ky510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">260415ky610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

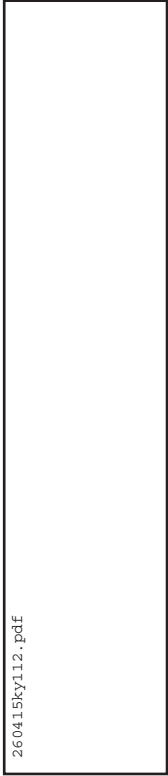
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stridham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stridham@prtc.org
<110>	Has your company received its ETC certification from the FCC?	<input type="radio"/> (yes) <input checked="" type="radio"/> (no)
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes) <input checked="" type="radio"/> (no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2014	
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<701>	Residential Local Service Charge Effective Date
<702>	Single State-wide Residential Local Service Charge

-- See attached worksheet

(710) Broadband Price Offerings Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

[illegible]

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Peoples Rural Telephone Cooperative Corporation, Inc.

-- See attached worksheet --

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013											
<010>	Study Area Code	260415											
<015>	Study Area Name	PEOPLES RURAL COOP											
<020>	Program Year	2015											
<030>	Contact Name - Person USAC should contact regarding this data Michael Stidham												
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.											
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org											
<910>	Tribal Land(s) on which ETC Serves												
<920>	Tribal Government Engagement Obligation												
Name of Attached Document													
If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:													
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	<table><tr><td>Select (Yes, No, NA)</td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>	Select (Yes, No, NA)										
Select (Yes, No, NA)													
<922>	Feasibility and sustainability planning;												
<923>	Marketing services in a culturally sensitive manner;												
<924>	Compliance with Rights of way processes												
<925>	Compliance with Land Use permitting requirements												
<926>	Compliance with Facilities Siting rules												
<927>	Compliance with Environmental Review processes												
<928>	Compliance with Cultural Preservation review processes												
<929>	Compliance with Tribal Business and Licensing requirements.												

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtcc.org

☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@rtc.org

260415ky1210.pdf

Name of Attached Document

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	
<1220>	Link to Public Website	HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012> 2013 Frozen Support Certification	<input type="checkbox"/>
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016> Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>
<2019> Interim Progress Certification	<input type="checkbox"/>
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

Name of Attached Document Listing Required Information

<2021>	Interim Progress Community Anchor Institutions
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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan

Milestone Certification (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(3018) If the response is no on line 3014, Is your company audited?

(3019) If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	260415
<015> Study Area Name	PEOPLES RURAL COOP
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035> Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@prtc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Ellisa McWhorter</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Ellisa McWhorter
Name of Reporting Carrier:	PEOPLES RURAL COOP
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Officer:	Ellisa McWhorter
Title or position of Authorized Officer:	Accountant
Telephone number of Authorized Officer:	6062877101 ext.5404
Study Area Code of Reporting Carrier:	260415 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	PEOPLES RURAL COOP
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/30/2014
Printed name of Authorized Agent or Employee of Agent:	Amanda Molina
Title or position of Authorized Agent or Employee of Agent	Staff Consultant - Regulatory Affairs
Telephone number of Authorized Agent or Employee of Agent:	7705692105 ext.
Study Area Code of Reporting Carrier:	260415 Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED – FOR PUBLIC INSPECTION

PEOPLES RURAL TELEPHONE COOPERATIVE CORPORATION, INC. (SAC 260415)

ATTACHMENT - LINE 112

FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN

ATTACHMENT REDACTED IN ENTIRETY

Peoples Rural Telephone Cooperative Corporation's demonstration of complying with applicable service quality standards and consumer protection rules for voice and broadband services:

In establishing this certification in its *2005 ETC Order*,¹ the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers."² The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis.³ In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement."⁴

Peoples Rural Telephone Cooperative Corporation ("Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. The Company is subject to consumer protection obligations under the Kentucky Revised Statutes (KRS) and Kentucky Administrative Regulations (KAR). These obligations include, but are not limited to, the following: (1) filing a Local Exchange Tariff pursuant to the requirements of KRS Chapter 278.541 to 278.544 and 807 KAR 5:011, which disclose rates, terms and conditions of service to customers; (2) adherence

¹ *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

² *Id.* at para. 28.

³ *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

⁴ *Id.* at n. 72.

to Kentucky state consumer protection requirements governing telephone providers which include Consumer protections as identified in KRS Chapter 278.546, Pricing Procedures as illustrated in KRS Chapter 278.542(1), and Compliance with Anti-Slamming Procedures as adopted in KRS Chapter 278.535; (3) truth-in-billing requirements as required in 807 KAR 5:061, Section 13; and (4) CPNI, Red Flag Rules and other applicable federal and state requirements governing the protection of customers' privacy. Additionally, incumbent local exchange carriers are required by 807 KAR 5:061, Section 4(4) to maintain records of and report monthly various service objectives related to the Provision of Service, 807 KAR 5:061, Section 10(1); Dial Service Requirements, 807 KAR 5:061, Section 15(1) and (2); Answering Time, 807 KAR 5:061, Section 22(1) and (2) and Service Interruption, 807 KAR 5:061, Section 25(3) and (4).

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

Peoples Rural Telephone Cooperative Corporation Inc.'s demonstration of ability to function in emergency situations for voice and broadband services:

Peoples Rural Telephone Cooperative Corporation Inc. ("Company") hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)¹ and the Kentucky Administrative Regulations (KAR), 807 5:061, Section 24. The Company's network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, Peoples Rural Telephone Cooperative Corporation Inc. in accordance with 807 KAR 5:061. Telephone, Section 24, has a written plan in place to meet service emergencies resulting from failures of power service, sudden and prolonged increase in traffic, fire, storm, or acts of God, and has trained employees on emergency procedure. Each central office building is supplied with standby generators and battery back-up that enable the central office to keep running for at least the minimum of four (4) hours, or until system changes are made to reroute traffic. The Company has battery

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

backup at all office locations and in its electronic equipment sites in accordance with the specifications identified in Section 24 of the 807 KAR, 5:061, Emergency Operations.

The company's standby generators and battery back-up support both voice and broadband network equipment should an emergency situation occur.

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461_ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@rtc.org

1/1/2014	
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	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	260415
<015>	Study Area Name	PEOPLES RURAL COOP
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Stidham
<035>	Contact Telephone Number - Number of person identified in data line <030>	6062875461 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	michael.stidham@ptc.org
<810>	Reporting Carrier	Peoples Rural Telephone Cooperative Corporation, Inc.
<811>	Holding Company	
<812>	Operating Company	

[illegible]



Peoples Rural Telephone Cooperative
1080 Main Street South, McKee, Kentucky 40447
(606) 287-7101 (606) 593-5000

Home | e-Bill | Phone | DSL | TV

f "Like" PRTC on Facebook

Need help paying for your telephone bill?

Lifeline Enrollment Form

Lifeline is a government program that offers qualified people a discount on their monthly local telephone bill.

What Programs Are Available to Assist Low-Income Consumers?

The Lifeline program is available to assist low-income consumers with their telecommunications needs.

What is the Lifeline Program?

The Lifeline program was designed to preserve and promote telephone services to qualified low-income households. The program provides a monthly discount on local service, which can be either LANDLINE or WIRELESS service. The combined federal and state discount in Kentucky is up to \$12.75 per month.

Enrollment in Lifeline provides the following benefits:

- Waiver of universal service fee.
- Reduction in monthly residence line charge.
- Free toll blocking service.

Federal rules limit each household to one Lifeline discount.

You may have home landline telephone service OR one wireless telephone. You may not get Lifeline discounts on two telephone lines.

How is the Lifeline Program Funded?

The Kentucky Public Service Commission approved a small charge to be placed on all telephone customers' bills to help eligible low-income consumers maintain basic phone service.

Who May I Contact With Questions?

Contact the business office of Peoples Rural Telephone Cooperative with any questions you may have about the Lifeline program.

Contact Peoples Rural Telephone Cooperative for enrollment details.

You must be able to provide proof of participation in a qualifying program or show that you meet the income guidelines.

Who is Eligible for Lifeline?

You are eligible to enroll in the Lifeline program if you participate in one of the following:

- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing - Supplemental Security Income
- Low-Income Home Energy Assistance Program
- Temporary Assistance to Needy Families
- National School Free Lunch Program OR have income at or below 135% of the federal poverty guidelines AND You have paid or made payment arrangements for any outstanding balance for telephone services provided to you or any member of your household at your current address.

Household Size	Total Income	Household Size	Total Income
1	\$15,512	3	\$26,366
2	\$20,939	4	\$31,793
Add \$5,427 for each additional person			

How do I apply?

To apply for Lifeline call (606) 287-7101. You will be asked to provide proof of your eligibility by providing a copy of a document that verifies that you participate in any of the programs mentioned above. Your Lifeline benefits will take effect when proof of eligibility is received.

How do I continue to receive Lifeline benefits?

Your benefits will be discontinued when you no longer meet eligibility requirements or when proof of eligibility is not received.

Lifeline: Affordable Telephone Service for Income-Eligible Consumers

Pre-screening Tool

Peoples Rural Telephone Cooperative prtc@prtcnet.org [Acceptable Usage Policy](#)

Need DSL or Internet Help? Call our Help Desk Number 24/7 : 287-HELP (4357)

We may present websites and links to information on the Internet in our marketing materials, corporate website and other forms of customer communication. This is for informational purposes only as we do not endorse, insure, or indicate responsibility for the material on these websites.

[illegible]

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless OR one home telephone, but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

Please complete the form below. You must give proof of eligibility with your application. **Send the completed the form and proof of eligibility to: PRTC, P. O. Box 159, McKee, KY 40447.**

Applicant Name _____		Phone Number _____	
Email Address _____		Social Security No. _____ Date of Birth _____	
Residential Address _____			
(No PO Box) Street _____ Apt. _____ City _____ State _____ Zip Code _____			
Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Billing Address (If different) Street _____ Apt. _____ City _____ State _____ Zip Code _____			
Person Eligible for Lifeline if Different than Applicant _____		Relationship to Applicant _____	
Social Security Number if Different than Applicant _____		Date of Birth if Different _____	
Initial here	I give PRTC permission to release to the Universal Service Administrative Company (USAC) or its agent any records required to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, & I will have to select one service and I will be de-enrolled from the other.		
Check the appropriate statement <input type="checkbox"/> I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application. (Please check all that apply) <input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Medicaid <input type="checkbox"/> National School Lunch free lunch program <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) OR <input type="checkbox"/> I certify that my household income is at or below 135% of the Federal Poverty Guidelines			
Number of people in your household <input style="width: 50px; border: 1px solid black;" type="text"/>		Household Size	Total Income
		1	\$15,512
		2	\$20,939
		Household Size	Total Income
		3	\$26,366
		4	\$31,793
		Add \$5,427 for each additional person	
Initial each box	I certify, under penalty of perjury, that: <div style="background-color: #ffffcc; height: 30px; margin-bottom: 5px;"></div> My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company. <div style="background-color: #ffffcc; height: 80px; margin-bottom: 5px;"></div> I understand that I must notify PRTC within 30 days: (1) if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines; (3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications. <div style="background-color: #ffffcc; height: 30px;"></div> I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.		
By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.			
Signature _____		Date _____	

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PEOPLES RURAL TELEPHONE COOPERATIVE CORPORATION, INC. (SAC 260415)

ATTACHMENT - LINE 3017

ATTACHMENT REDACTED IN ENTIRETY